

DEPARTMENT OF SOCIAL SERVICES PAYMENT REQUEST/RECEIVING REPORT INSTRUCTIONS

VENDOR NUMBER: 1		AGENCY NAME & ADDRESS: 3					
VENDOR NAME & ADDRESS: 2		AGENCY CONTACT PERSON: 4 AGENCY PHONE NUMBER: 5					
DESCRIPTION				INVOICE/JOB NUMBER	DATE REC'D	QTY REC'D/QTY REQ'D	
6				7	8	9	
FISCAL YR 10	AGENCY NO 11	ORG 12	OBJECT 13	SUB OBJECT 14	REPT CAT 15	ACTY 16	AMOUNT 17
							\$
							\$
							\$
I certify that the above-listed items are authorized purchases for the Department of Social Services.							
PREPARED BY: 18		DATE: 19		SIGNATURE OF AUTHORIZED AGENT 20			

Submit completed form to: DSS - OM & F
Division of Fiscal Services
Payment Management Section/Purchase Order Unit
P.O. Box 3927
Baton Rouge, LA 70821

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1. **VENDOR NUMBER** is the number assigned the vendor as an authorized entity to receive payments from the state. Vendor numbers can be obtained by inquiry in AGPS or AFS on the VNAME (vendor by name) screen
2. **VENDOR NAME AND ADDRESS** on the PMF108 should correspond with the vendor name and address on the invoice and in ISIS. Vendor name and address can be obtained by inquiry in AGPS on the VENC (vendor table) screen or in AFS on the VEN2 table.
3. **AGENCY NAME AND ADDRESS** is the name and address of the agency requesting payment.
4. **AGENCY CONTACT PERSON** is the person who can be contacted for information regarding the payment request.
5. **AGENCY PHONE NUMBER** is the phone number of the agency contact person.
6. **DESCRIPTION** field should describe or explain the goods or services rendered. Any special instructions or comments should be noted in this field, e.g., a request for the payment to be mailed to the agency instead of the vendor. Include make, model, and vehicle license number for any payment request pertaining to a state owned vehicle.
7. **INVOICE/JOB NUMBER** is the invoice number shown on the invoice or document received from the vendor, if applicable.
8. **DATE RECEIVED** should reflect the actual date the goods or services were received. This is especially important at the end of each fiscal year to ensure that expenditures are charged to the correct fiscal year.
9. **QUANTITY RECEIVED/QUANTITY REQUESTED** should reflect the number of items ordered/requested and/or received.
10. **FISCAL YEAR** should reflect the budget fiscal year the expenditure is to be incurred. Language contained within the invoice will determine the fiscal year the expense will be incurred.
11. **AGENCY NO** is the number assigned to each departmental agency. For the Department of Social Services: agency 355—Office of Family Support (OFS); 357—Office of the Secretary/Office of Management & Finance (OS/OM&F); 370—Office of Community Services (OCS); 374—Louisiana Rehabilitation Services (LRS)
12. **ORG** is the number assigned to each organizational unit within an agency. This is the four digit number that replaced the cost center number.
13. **OBJECT** is the number assigned by the Division of Administration's established chart of accounts that is a description of the expenditure (e.g. 2890—Dues and Subscriptions; 2900—Mail, Delivery & Postage)
14. **SUB OBJECT** is not a required field. May be two characters that further assist in identifying the description of the expenditure.
15. **REPT CAT** is the number assigned by the departmental agency to identify the funding source (e.g. Agency 355 reporting category number 0829—Access and Visitation Fees)

16. **ACTY** is a reserved field that should be utilized when an emergency has occurred and the Division of Administration mandates utilizing this field for statewide tracking purposes.
17. **AMOUNT** is the requested dollar amount to expend.
18. **PREPARED BY** is the staff person completing the PMF108.
19. **DATE** is the date the PMF108 was prepared.
20. **SIGNATURE OF AUTHORIZED AGENT** is the signature of the person approving the payment request. This cannot be the same person whose name appears as Prepared By.